

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HOUSE MERRILL I (0010089)

Address: 1207 TAYLOR STREET, MERRILL, WI 54452

License Status: REGULAR

Licensed/Certified/Registered 01/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096472 **End Date:** 02/07/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009515 Served 03/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.21(4)(c)	TELEPHONE CALLS		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(3)(e)2.b	INJECTIONS		
83.35(4)(a)	FOOD SUPPLY		
83.42(3)(e)	QUARTERLY FIRE DRILLS		

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For the period 06/01/2003 to 05/31/2006
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Survey ID: 0093877 End Date: 12/13/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009352 Served 01/10/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	01/26/2006	Yes

Survey ID: 0094234 End Date: 12/06/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009360 Served 03/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(h)	NOT PERMIT A CONDITION OF RISK	02/07/2006	Yes
83.21(4)(l)	CLOTHING AND POSSESSIONS	02/07/2006	Yes
83.33(3)(e)6	MEDICATION ERRORS AND ADVERSE REACTIONS	02/07/2006	Yes
83.35(4)(a)	FOOD SUPPLY	02/07/2006	No

Survey ID: 0093829 End Date: 11/11/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009348 Served 12/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(10)(a)1	PLAN OF CORRECTION	01/26/2006	Yes
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP	01/26/2006	Yes
83.16(1)	ADMISSIONS AGREEMENT	01/26/2006	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	01/26/2006	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	01/26/2006	Yes
83.32(5)	DEPARTMENT REVIEW	01/26/2006	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	01/26/2006	Yes

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Survey ID: 0093042 End Date: 07/21/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092659 End Date: 04/18/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009276 Served 06/08/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	STAFFING PATTERNS	02/07/2006	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	02/07/2006	Yes

Survey ID: 0092650 End Date: 01/20/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091785 End Date: 12/15/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009223 Served 01/15/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(c)1	CONTROLLED SUBSTANCES	04/18/2004	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	04/18/2004	Yes

Survey ID: 0090968 End Date: 08/27/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090539 End Date: 06/25/2003 Type: INITIAL Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005189 Served 07/01/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.03	LICENSING, POWERS AND DUTIES	12/15/2003	Yes

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For the period 06/01/2003 to 05/31/2006
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Enforcement History

Date: 03/06/2006 **SOD #10009515** **Appealed: No**

Sanctions

FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(c)
FORFEITURE---83.32(2)(c)1
FORFEITURE---83.33(3)(e)2.b
FORFEITURE---83.35(4)(a)

Date: 12/16/2004 **SOD #10009348** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.07(10)(a)1
FORFEITURE---83.12(5)(b)2
FORFEITURE---83.32(5)
FORFEITURE---83.33(2)(g)3

Date: 06/26/2003 **SOD #10005189** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

OTHER SANCTION
FORFEITURE---50.03(1) SOD #10005189

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 12/05/2005

Date Investigation Completed: 01/26/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
SUPERVISION	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	SUBSTANTIATED	10009515
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10009515
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 11/14/2005

Date Investigation Completed: 01/26/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/18/2004

Date Investigation Completed: 12/13/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009352
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/12/2004

Date Investigation Completed: 03/09/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009360
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009360
MEDICATIONS	SUBSTANTIATED	10009360

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Date Complaint Received: 10/01/2004

Date Investigation Completed: 12/13/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/31/2004

Date Investigation Completed: 11/11/2004

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/27/2004

Date Investigation Completed: 11/11/2004

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10009348

Date Complaint Received: 05/21/2004

Date Investigation Completed: 07/21/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/05/2004

Date Investigation Completed: 04/18/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF ADEQUACY

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009276

10009276

Date Complaint Received: 07/15/2003

Date Investigation Completed: 01/20/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/11/2003

Date Investigation Completed: 08/27/2003

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
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